
DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

Division of Developmental Disabilities - Fox Run

2540 Wrangle Hill Rd

2nd Floor Training Room "A"

Bear, DE 19701

FINAL

Meeting July 12, 2016

Minutes

Commission Member (s) Present: Amy Milligan; Melissa VanNeerden; Representative Kim Williams; Lisa Furber and Karen Gallagher.

Commission Member (s) Absent: Yrene Waldron; Senator Bethany Hall-Long; Vicki Givens; and Kyle Hodges.

Others Present: Margaret Bailey; Barbara Bass, Aide for Karen Gallagher; Maria Miller, St Francis Life Center; Quinesha Harris, DHCI; Dawn Moore, Governor Bacon; Staci Marvel, DMMA; Suzie Tadlock, GBHC; Mary Peterson, DLTCRP; William Brawders, Hillside; Jenn White, DHCFA; Tom Johnson, DSAMH; Sally Jennings, Quality Insights; John Oppenheimer, DSAAPD; Lisa Bond, DSAAPD; Jane Ketterman, Hillside; Maureen Ludlam, DMMA; Charlotte Dougherty, Consumer; Christian Dougherty, Consumer; Sally Anyona, Kutz Home; Sally Goodman, Kutz Home; Dana Camoirano, Home Instead; and Tiffany Stewart, Point of Hope.

1. Call to order

The meeting was called to order at 9:37 AM by Lisa Furber.

2. Approval of the Minutes for the meeting of:

The meeting minutes of March 8, 2016 & May 10, 2016 were approved without changes.

3. Discussion of:

Promise Program

Tom Johnson, DSAMH Director of Provider Relations, provided commission members with an update regarding the PROMISE Program.

PROMISE: Promoting Optimal Mental Health Through Supports and Empowerment is a comprehensive individualized behavioral health care management service for adults 18 and over, designed to provide specialized recovery-oriented services.

A recovery plan functions as a blueprint for individuals and is used to guide individuals during their journey so they can become successful, independent, active and engaged members in their community.

DSAMH's Enrollment and Eligibility Unit (302.225.9460) evaluates candidates for PROMISE through the individual's psychiatric and psychosocial assessments, as well as Delaware specific American Society for Addiction Medicine tool that evaluates mental health and substance abuse disorders.

PROMISE offers 15 service areas: care management, employment support, benefit counseling, financial support, nursing, respite, personal care, community transition, etc.

Currently, PROMISE serves 3,000 clients; 50 % have a dual diagnosis.

State Long Term Care (LTC) /DSAAPD

John Oppenheimer, State Long Term Care Director, provided an overview of services to commission members. The Long Term Care section is under the Division of Aging and Adults with Physical Disabilities (DSAAPD).

Currently, the state's census is 195 (residents) - total number of residents located at Delaware Hospital for the Chronically Ill (DHCI) and Governor Bacon Health Center (GBHC). The number of licensed beds: 205 DHCI & 82 GBHC.

DHCI

High percentage of individuals with disruptive behaviors

Locked all male unit

Double locked dementia unit

Six bariatric beds (five currently occupied)

Many younger male residents

Substance abuse program in Prickett building (47 beds)

GBHC

No locked units

One bariatric bed (will be adding two more beds – 2016)

Limited number of private rooms

Many older female residents

Mr. Oppenheimer mentioned that admissions continue to decline due to the lack of beds.

Currently, there are seven individuals on the wait list – which can fluctuate. The wait list goes through the ADRC Care Transitions process. Currently there are seven individuals on the wait list.

During the past four years or so the state has discharged many residents to the community through Money Follows the Person (MFP). 12 of the 34 Emily P. Bissell Hospital (EPBH)

residents were transferred last year to private facilities in New Castle County due to the facilities closure.

The state long term care facilities:

1. Receive referrals from Delaware Psychiatric Center (DPC)
2. Admit Adult Protective Services (APS) clients
3. Offer limited emergency placements
4. Serve prison & Meadow Wood clients

Ms. Bond mentioned that DSAAPD is researching other health care delivery options for individuals with dual diagnosis or behavior issues related to dementia. A work group has been created to identify other options.

Statewide Antipsychotic Coalition

Sally Jennings, Quality Insights Project Coordinator, provided commission members with an update regarding the Antipsychotic Coalition and other QI initiatives.

Quality Insights has a Nursing Home Collaborative that focuses on: QAPI implementation, improvement of Composite Scores (calculation using the Quality Measures), improved mobility, reducing hospital readmissions, decreasing the use of inappropriate anti-psychotic medications and antibiotic stewardship.

Nursing home providers are required to sign an agreement of participation and complete a QAPI self-assessment, which helps define where they are in the process. Once the agreement is signed the providers have access to My Quality Insights (MQI) which is a learning platform offering free e-learns that grant CEU's, and other resources, news and information. Providers receive data reports on their quality measures and composite scores that are user friendly (can share with staff during QA meeting).

Most of Quality Insights work is executed virtually and offers many opportunities for facilities to participate in regularly scheduled webinars, live chats and open office hours. During these sessions, there is a specific topic of discussion and a subject matter expert is available to address questions or provide up-to-date information about best practices.

Quality Insights conducts Affinity Groups, which are small groups that meet virtually on a regular basis. Discussion focuses around a specific quality measure and together the small group utilizes QAPI process to address issues and concerns. In the past some of the discussions included: Bowel & Bladder incontinence, A/P medication reduction and pain. A new Affinity Groups session will be meeting September 2016. The group generally meets every 2 weeks for 30 minutes for about 7 sessions.

Currently there are 19 LTC Delaware facilities participating in this effort. The goal is to have 33 providers involved in this initiative.

This QAPI effort is supported by DLTCRP and Secretary Landgraf, as both have sent letters of encouragement to Delaware LTC providers. Soon, LTC providers will be evaluated for enhanced payments based on their Star ratings and Quality Measures.

There has been a reduction in antipsychotic medication use nationally; 24.8 to 18%. Delaware ranked 4th in the nation (4th Qtr 2015). Currently 8.74 % of Delaware nursing home residents use antipsychotic medications.

Federal Law and Regulation for nursing homes emphasize the importance of limiting the use of psychotropic medications (F Tag 329) to those individuals who have a documented need. The regulations encourage implementation of gradual dose reduction of these medications and applying non-pharmacological interventions for individuals who exhibit behavioral symptoms.

The Investigative Protocol for F329 advises the surveyor to: (1) evaluate non-pharmacological approaches the facility uses; (2) determine if the facility in collaboration with the prescriber identifies the parameters for monitoring medications (including antipsychotics) that pose a risk for adverse consequences; and (3) determine if during the Medication Regimen Review the pharmacist has identified and reported to the director of nursing and the attending physician excess dose or duration of medication including lack of gradual dose reduction (as indicated).

Alternatives to antipsychotic meds: complete pain assessment, learn resident's story, provide consistent caregivers, identify triggering events that stimulate behaviors, evaluate medication changes, identify sleep pattern and offer resident a snack before providing care.

Quality Insights is also involved with improving the use of antimicrobial medications in long-term care setting, known as the antibiotic stewardship. Antimicrobial stewardship refers to a set of commitments and actions designed to optimize the treatment of infectious diseases while minimizing the adverse effects associated with antimicrobial medication use. The Centers for Disease Control and Prevention recommend all nursing homes take steps to improve antimicrobial prescribing practices and reduce inappropriate use.

4. Old/New Business:

FY 16 DNHRQAC Annual Report

Ms. Bailey and Ms. Furber provided commission members with a copy of the FY 16 annual report - draft. Members were asked to review and forward comments before DNHRQAC meeting of September 13, 2016.

DNHRQAC Memberships

Ms. Bailey is working with the Governor's Office regarding membership vacancies.

November 2016 DNHRQAC Meeting

The DNHRQAC November 2016 meeting will fall on a state holiday. Members will need to determine an alternate meeting date.

5. Public Comment:

World Elder Abuse Awareness Day - HCR 88

Senator Bethany Hall-Long, Representative Kim Williams and Representative Val Longhurst sponsored HCR 88 recognizing June 15, 2016 as World Elder Abuse Awareness Day. The Delaware Department of Justice and several other state agencies held a public forum called: Fraud and Scams that Target Seniors: Learning to Protect Yourself to discuss fraud and scams that target seniors at 4 locations throughout the State: Wilmington Senior Center, Newark Senior Center, Modern Maturity Center and CHEER Community Center.

Supported Decision Making SB 230 w/ SA1

Senate Bill 230 provides assistance in gathering and assessing information, making informed decisions, and communicating decisions to adults who do not need a guardian or other substitute decision-maker for such activities, but who would benefit from decision-making assistance. Senator Hall-Long was primary sponsor of this bill.

DLTCRP to include OHFLC

Mary Peterson, DLTCRP Director, mentioned that effective July 1, 2016 DLTCRP acquired Office of Health Facilities Licensing and Certification (OHFLC) which provides regulatory oversight of acute care and outpatient healthcare facilities and agencies throughout Delaware (Home Health Care Agencies, Hospitals, Hospices, etc). OHFLC was previously located under Public Health.

6. Next meeting will be **Tuesday September 13, 2016 @ 9:30 AM**. The meeting location: To be determined.

7. Adjournment

The meeting was adjourned at 11:19 AM by Lisa Furber. .

Attachments: March 8, 2016 meeting minutes draft
May 10, 2016 meeting minutes draft
July 12, 2016 meeting agenda
FY 16 DNHRQAC Annual Report - draft
Promise Program (3) handouts
Quality Insights handout
Long Term Care section handout